



PMRC OPERATIONS IN THE SPECTRUM OF CONTINGENCIES

OVERVIEW

- **Patient Movement (PM) environment**
- **Services' PM components**
- **PMRCs and PM in:**
 - **SSCs and MTWs**
 - **Domestic Contingencies**

MISSION

(DoDI 6000.11 Patient Movement)

“The primary mission of the DoD patient movement system is to safely transport U.S. military casualties from the combat zone to fixed MTFs and/or field hospitals rearward in or out of the combat zone, as required. Other patients may be provided movement on a non-interference basis if the patient’s medical

PATIENT MOVEMENT ENVIRONMENT

Dialing **Down**
the Theater
Footprint

Dialing **Up** the
Patient
Movement
Capability

Shortened
Evacuation Policies

Stabilized vs. Stable Patients



STRATEGIC GUIDANCE

- **02-07 Defense Planning Guidance (DPG)**
- **DODI 6000.11 “Patient Movement”**
- **DJSM “Health Support Planning Guidance”**
- **Jt Pub 4-02 “Doctrine for HHS in Jt Ops”**
- **Jt Pub 4-02.2 “JTTP for PM in Jt Ops”**

JT PUB 4-02

(Doctrine for HSS in Joint Operations)

- **Patient evacuation in the combat zone or from echelon I to III is normally the responsibility of the component commanders...coordinated by TPMRC**
- **Patient evacuation for Navy hospital ships is provided by Army air ambulance assets**
- **Tactical AE from combat zone to COMMZ is normally the responsibility of USAF component**
- **Patient evacuation from theater (and within CONUS) is responsibility of USTRANSCOM**

SERVICES' PM

- Army
- Navy
- USAF



UNION ARMY - LETTERMAN AMBULANCE PLAN

- Ambulances grouped together by division
- Patients pre-regulated (routes pre-determined)
- Gen Order #147: “The allowance will be...one 4-horse and two 2-horse ambulances per regiment...each provided with 3 stretchers.”



ARMY MEDDEVAC SYSTEM

FM 8-10-6 (Med Evac in a TO, TTP 14 Apr 00)

- **Evacuation is performed by the higher echelon of medical care going forward, evacuating from the lower level**
- **Evacuation assets must be of equal or greater mobility than the supported troops**
- **Medical regulating by DMOC, by the Medical Group, or by the Medical Brigade (as applicable)**

ARMY EVACUATION BATTALION



- Assigned to the MEDCOM for C2
- Varies from 3 to 7 attached companies (1 gnd and 3 air amb companies shown here)
- Provides C2 of air and ground medical evac within a corps AO or echelons above corps

ARMY LIFT

- **Ground Ambulances (Armored & Soft)**
- **Helicopters (MEDEVAC & Common Utility)**
- **Fixed Wing Aircraft**



NAVY PATIENT MOVEMENT

(NTTP 4-02.2 “Patient Movement”, formerly NWP 4-02.2, Part A “Naval Expeditionary Forces Medical Regulating”)

- **Cdr, Amphib. Task Force (CATF) exercises C2 through ATF Surgeon**
- **Medical Regulating Control Center (MRCC) supervised by a Medical Regulating Officer (MRO)**
- **Movement Control Agency (MCA)**
 - **Aviation MCA**
 - **Waterborne MCA**

NAVY LIFT

- Ground Ambulances
- Landing Craft
- Helicopters
- Fixed Wing Aircraft
- Tilt Wing Aircraft



AIR FORCE PATIENT MOVEMENT

- **Base level evacuations**
- **AE System supporting DoD & NDMS:**
 - **C3**
 - **Aircraft & crews**
 - **Air staging facilities (MASFs & ASFs)**
- **No USAF specific regulating agency**

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USAF LIFT

- **Scheduled:**
 - **C-9 Nightingale**
 - **C-130 Hercules**
 - **CRAF AE**
- **Opportune:**
 - **C-17 Globemaster III**
 - **KC-135 Stratotanker**



PMRC DEVELOPMENT

“The patient regulating and evacuation process was fragmented and required customers to separately request designation of medical treatment facilities to meet the patient’s specialty care and subsequent of airlift to transport



TRANSCOM Surgeon

MEDICAL REGULATING PER JOINT PUB 1-02 (DOD Dictionary of Military and Associated Terms)

Medical regulating - the actions and coordination necessary to arrange for the movement of patients through the echelons of care. This process matches patients with a medical treatment facility which has the necessary health service support capabilities, and it also ensures that bed space is available.

MEDICAL REGULATING CATEGORIES

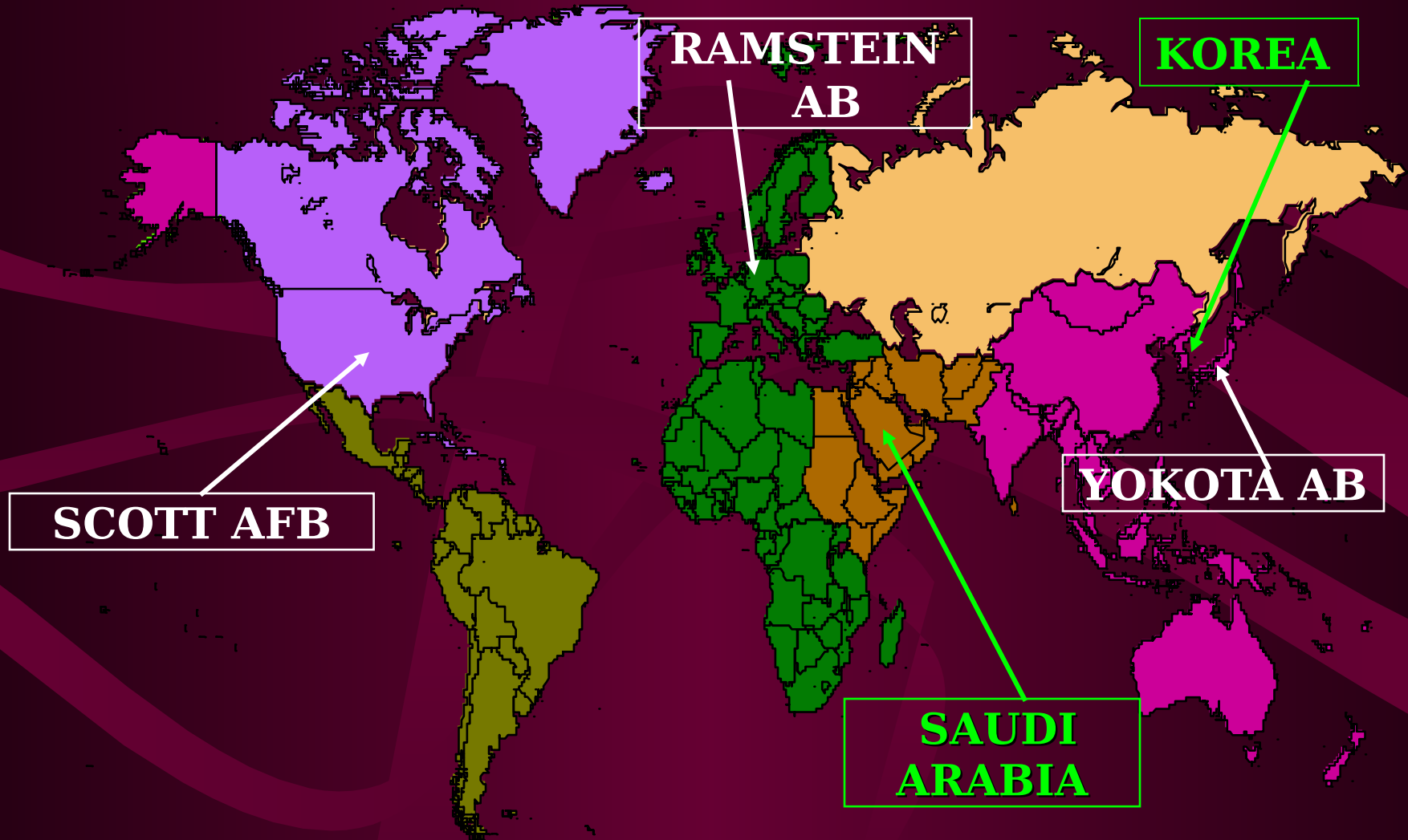
Medical	MM	
Surgery	SS	
Psychiatry	MP	
Neuro-surgery	SSN	
Maxilar-facial surgery		SSM
Ophthalmology	SSO	
Thorasic surgery		SSCT
Urology	SSU	
Orthopedic surgery		SO
Spinal cord injury		SCI
Burn	SBN	
OB/GYN	SG	
Pediatrics	MC	

PATIENT MOVEMENT REQUIREMENTS CENTERS (PMRCs)

- One-stop shop for Services' regulators, for MTFs and the NDMS
- Centralized medical direction and initiate lift-bed planning
- Provide patient in-transit visibility



PMRC LOCATIONS



INTEGRATING PATIENT MOVEMENT MGNT

- **Theater or JTF AO:**
 - **Joint Movement Control Center (JMCC) containing a TPMRC (or JPMRC)**
 - **(Joint) Air Operations Center (AOC) containing an AE Coord Team (AECT)**
- **Strategic:**
 - **Mobility Control Center (MCC) supported by GPMRC**
 - **Tanker / Airlift Control Center (TACC) containing an AE Cell**

JPMRC

LIFT - BED PLANNING

- **AOR Beds:**
 - **Army, Navy & USAF hospitals**
 - **Host nation hospitals**
- **Lift (examples):**
 - **C-9s & C-130s from theater AOC**
 - **Army air & ground ambulance companies**
 - **Navy/Marine shore-to-ship conveyances**

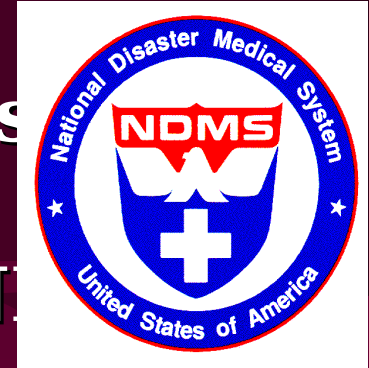
JPMRC UTC

- **3 Available from USTC (1 active & 2 reserve)**
- **Manpower:**
 - **2 Patient Movement Clinical Coordinators**
 - **2 Patient Movement Operations Officers**
 - **4 Regulators**
 - **3 Duty Controllers**
 - **1 Communications/Systems Specialist**
- **Equipment:**
 - **3 IMARSATs**
 - **8 lap top computers**
 - **1 tent**

GPMRC LIFT - BED

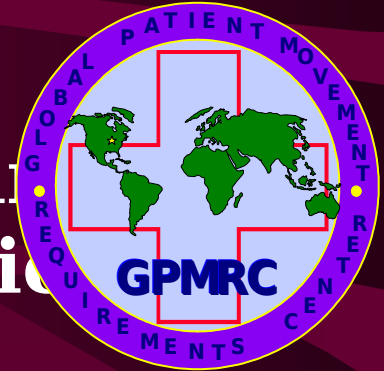
PLANNING

- **CONUS Beds:**
 - Army, Navy & USAF hospitals
 - VA hospitals
 - Civilian hospitals (i.e., the N
- **Lift (examples):**
 - Scheduled & Opportune USAF aircraft
 - Scheduled & Opportune OSA aircraft
 - CRAF Boeing 767s
 - Contract air ambulance
 - Commercial airlines
 - Helicopters from US
 - Others (e.g., USCG, SOCOM, RCC, etc.)



GPMRC ORGANIZATION

- 5 Regulators
- 9 Pt Movement Clinical Coordinators
- 7 Pt Movement Operations Officers
- 12 Duty Controllers
- 26 MCC, TCSG-D, Systems, Third-Party Collections, Plans, Training and Admin



PATIENT MOVEMENT COMMUNICATIONS

- **Services' HF radio & INMARSAT networks**
- **Theater Army Medical Management Info System - Medical Regulating**
- **Def Med Regulating Info System (DMRIS) & Automated Patient Evacuation System (APES)**
- **E-mail based PM system derived from AF Form-3853 "Tactical AE Mission Message"**
- **TRANSCOM Medical Regulating and Command & Control Evacuation System**

TRANSCOM REGULATING & C2 AND EVACUATION SYSTEM (TRAC2ES)

- **Provide lift-bed planning for 400 (Objective =1750) patients in less than thirty minutes**
- **Provide ITV for individual pt within 10 min 95% of time through echelon 3**
- **Replace DMRIS and APES**

PATIENT MOVEMENT MGNT IN SSCs AND MTWs

- **PMRs are submitted by an MTF, a Service regulating agency, or a forward PMRC**
- **Supporting PMRC:**
 - **Surveys available beds and available lift**
 - **Constructs proposed lift-bed plans**
 - **Collaborates to ensure concurrence of the bed owner and the lift owner**
- **Approved lift-bed plans are distributed to the originator, the receiving MTF, the lift control agency, and other relevant agencies**

DOD SUPPORT IN DOMESTIC CONTINGENCIES

Domestic PM is minimally outlined in the following:

- **U.S. Federal Response Plan**
- **Draft CJCS CONPLAN 0500 “Domestic Consequence Management”**
- **Draft USCINCFCOM FUNCPLAN 2504 “Response to CBRNE Incidents/Accidents”**
- **USJFCOM JTFCS OPLAN 2501-1 “Persistent Chemical/Small DoD Response”**



PM AUTHORITIES

- **Tasking authorities per DoDD 3025.1**
- **“MSCA”:**
 - **SecDef (or the Executive Secretary to the SecDef)**
 - **SecDef’s Executive Agent for MSCA is the Army (i.e., the Director of Military Support (DOMS))**
 - **Defense Coordinating Officer (DCO)**
- **Non-DoD beneficiary PM approval per DoDI 6000.11:**



0500 “Domestic Consequence Management”

- **Assumptions:** Local / state EMS resources overwhelmed; patient movement required & authorized
- **Disaster Field Office (DFO) established, including:**
 - Fed Coord Officer (FCO)
 - Defense Coord Officer (DCO)
 - DHHS ESF-8 Rep / Chief of Field Ops (CFO)
- **DHHS Mgnt Spt Team (MST) established to assist Disaster Med Asst Teams (DMATs)**

PATIENT MOVEMENT MGNT IN DOMESTIC CONTINGENCIES

- **PMRs are submitted by local or state EOC to the FCO in the DFO**
- **DFO forwards PMR to DHHS ESF-8 Rep / Chief of Field Ops (CFO)**
- **CFO completes a statement of work, ensures funds availability, and forwards to the DCO**
- **DCO authorizes JPMRC to coordinate PM**
- **JPMRC, in coordination with GPMRC, constructs, collaborates and**

SUMMARY

- **Patient Movement (PM) environment**
- **Services' PM components**
- **PMRCs and PM in:**
 - **SSCs and MTWs**
 - **Domestic Contingencies**



**GPMRC Education & Training: DSN 576 -
4939**

GPMRC WEBSITE:

<https://business.transcom.mil/gpmrc>

TPMRC

LIFT - BED PLANNING

- **Theater Beds:**
 - **Army, Navy & USAF hospitals**
 - **Host nation hospitals**
- **Lift (examples):**
 - **C-9s & C-130s from theater AOC**
 - **Army air & ground ambulance companies**
 - **OSA, Host Nation and Allies**

TPMRC-E ORGANIZATION

- 4 Exec staff, plans & programs, training, etc.
- 15 Operations staff
- 3 OJF au
- 3 IMAs

